

Abstract

Introduction:

Ovarian cancer is the second most common gynecological malignancy. Most cases are diagnosed late, because effective screening methods are not available and the malignancy is often asymptomatic for a long time.

Surgical resection of the tumor remains the cornerstone of treatment. But in 70% of patients with advanced disease optimal debulking cannot be obtained. Interval debulking surgery after giving neo adjuvant chemotherapy helps in optimal debulking and improved the overall survival.

Aim:

The aim of the study is to know the tumor clearance effect of neo adjuvant chemotherapy in advanced chemotherapy in terms of optimal debulking ascitic fluid volume reduction, blood transfusion requirements and to compare it with those who have not received neo adjuvant chemotherapy.

Methods:

This is a prospective study, conducted in patients with advanced ovarian carcinoma. Patients who underwent IDS for stage IIIC or IV advanced ovarian carcinoma were selected for the study and the results were compared with those who underwent primary debulking surgery.

Conclusion:

Neo adjuvant chemotherapy is significantly more effective in achieving optimal cytoreduction and reducing ascitic fluid volume in advanced ovarian cancer.

Blood transfusion is significantly less in neo adjuvant chemotherapy group.

Adhesions are found to be significantly less in NACT group.

KEYWORDS

- Menopause
- Histology
- Ascities
- Residual Tumor volume
- Sub Optimal debulking
- Blood Transfusion
- Adhesions
- HDU Stay
- Post op complications
- Duration of Hospital Stay
- PDS - Primary Debulking Surgery
- NACT – Neoadjuvant Chemotherapy